



AEROBIC WINTER CHALLENGE 2005 TEAM MONTHLY REPORT

AEROBIC WINTER CHALLENGE 2005-2006



LIVE BIG. TRY HARD. HAVE FUN!

Team Name _____

Company/Organization _____

Total Number of Team Members (must be between 5 and 10 people) _____

TEAM NAME AND/OR MEMBERS CANNOT CHANGE AFTER OCTOBER 21

- ❖ Please alphabetize members by their last name – Thank you!
- ❖ Record beginner or regular status for each participant. This does not change for the rest of the Challenge.
- ❖ Place **(X)** if the participant was a beginner who was physically active 12 times, or a regular who was physically active 16 times during that month. Place **(NC)** if the participant did not complete their activity level for that month. If a doctor's note is included, someone can be logged as sick/injured for that month.

	Team Members (TL = Team Leader)	beg or reg	NOV X or NC	DEC X or NC	JAN X or NC	FEB X or NC	Tobacco Free in Feb? Yes, No, or N/A
TL							
2							
3							
4							
5							
6							
7							
8							
9							
10							

TEAM LEADERS - please fill out and **turn in a copy to your Worksite Coordinator** by:

♥ December 2, ♥ January 10, ♥ February 3, and ♥ March 3

WORKSITE COORDINATOR - please send in to the Heartbeat office by:

♥ December 5, ♥ January 11, ♥ February 6, and ♥ March 6.

You may **fax** to 522-7855. No cover sheet necessary. Or you may **e-mail** reports to pcady@coconino.az.gov

THANK YOU!